

# Building on Health Care Partnerships

Welcome to *HealthLink*! Our goal has always been to provide the "link" between health care professionals and state government. We have a lot of information to share with you in this issue.

"Protecting the Public," which starts on page two, will be of interest to most health care professionals who are licensed and regulated under Article 15 of the Public Health Code. Reading this article will help you to understand how the Bureau of Health Services handles allegations against health care professionals, conducts investigations, consults with experts as needed, and preserves the licensee's or registrant's right to due process.

At CIS we're always working in partnership with the health care professional boards and special advisory committees. CIS is also currently working with the health care industry on two prominent health care issues. We have convened a task force on Internet pharmacies and prescribing to help us better understand the many safety and regulatory issues associated with this emerging commercial activity. In addition, as a result of recent legislation, we have also convened an Advisory Committee on Pain and Symptom Management. As they bring their expertise to the table, the health care professionals who are serving as members of these groups are helping to provide leadership for the future. These collaborative partnerships will ensure that the

## VIEWPOINT



Kathleen M. Wilbur, Director  
Consumer & Industry Services

issues are addressed from many perspectives. We'll keep you updated on their activities in future issues of the *HealthLink*.

I should also note that this may be the first issue of *HealthLink* for many of you. As part of Governor Engler's continued streamlining of state government services, we have made some organizational changes within CIS that affect health care professionals. For example, the licensing/registry of emergency medical services personnel and nurse aides have been moved to the Bureau of Health Services. In addition, recent legislation transferred the registering and

regulation of social workers to the Bureau of Health Services. Please see page six for more details.

I also encourage you to tune in to Consumers Corner. This is a continuing consumer education series hosted by CIS and featured on many local cable channels. We will cover health care issues in November to be followed by employer-sponsored child care in December. Check your local stations for specific programming information.

As always, *HealthLink* provides updates on administrative rules (see below) and new legislation (page six). I also encourage you to check out the web page for the Bureau of Health Services at [www.cis.state.mi.us/bhser](http://www.cis.state.mi.us/bhser) and to share your ideas as we continue to address issues of interest to the health care community.



## Administrative Rule Changes

*An administrative rule is a state agency's written regulation, statement, standard, policy, ruling or instruction that has the effect of law. A state agency writes rules under the authority of state statute, the Michigan Administrative Procedures Act, the Michigan Constitution, and applicable federal law. Administrative Rules are*

*adopted only after a public hearing where people may express their views on the proposed rules. The rules are then submitted to the Office of Regulatory Reform for formal approval and then filed with the Office of the Great Seal. Please see the end of this feature for instructions on obtaining a copy of any administrative rule issued by the Bureau of Health Services.*

### Board of Medicine and Board of Osteopathic Medicine and Surgery: Delegated Authority

In 1978 Michigan law authorized the delegation of the prescribing of drugs, other than controlled substances, to physician's assistants by allopathic (M.D.) and osteopathic (D.O.) physicians. The discretionary delegation of the prescribing of controlled substances could occur only upon the promulgation of administrative rules. These new rules were promulgated, effective November 17, 1999, and affect delegated authority to physician's assistants, nurse practitioners, and nurse midwives. The delegation rules are voluntary and set forth specific requirements, such as written authorization, prior to the act of delegation. The rules further describe specific exceptions when delegating the prescribing of a Schedule 2 controlled substance. The rules do not allow the delegation of the prescription of a drug or device (individually, or in combination or in succession) for a woman known to be pregnant with the intention of causing either a miscarriage or fetal death.

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# Protecting the Public

## *An Overview of Michigan's Health Professional Disciplinary Process*

Disciplinary action is the last thing health professionals want to receive from their licensing board. From undergoing an interview with a Department investigator to final disposition by the board, the disciplinary process can seem unfair, confusing and impersonal at times to those who are unfamiliar with how it works. We have developed this guide to promote a better understanding of the process.

The Department of Consumer and Industry Services' Bureau of Health Services (BHSer) is responsible for the enforcement of the health profession regulatory sections of the Public Health Code and related administrative rules. Public protection, not licensee/registrant punishment, is the Bureau of Health Services' primary goal. Licensees and registrants are provided with due process under the law throughout the entire disciplinary process.

### **Allegation**

An allegation is the information received by the Bureau of Health Services suggesting that a licensed or registered health professional has violated one or more provisions of the Michigan Public Health Code or administrative rules. Allegations come from a variety of sources, including private individuals, health facilities, courts, other states, and other health professionals. Typical allegations include quality of care, conduct of the licensee, or scope-of-practice issues. All allegations must be in writing from an identifiable party. The Public Health Code and the Freedom of Information Act have provisions protecting the identity of any person submitting an allegation.

Upon receipt of an allegation, Bureau of Health Services' staff determine whether it would be a violation of the law or rules if what has been alleged is true. If following an investigation there is sufficient evidence, the matter is immediately forwarded for the drafting of a formal administrative complaint. If not, it is determined whether the allegation should be closed or investigated further. A closed allegation is retained as part of the licensee's record for five years. If no further allegations are received concerning that licensee within that five-year time frame, the allegation is destroyed.

### **Investigation**

Allegations which describe a possible violation of the law or rules, but contain insufficient evidence to proceed, are

forwarded for investigation. The appropriate licensing board's chairperson (or designee) reviews the allegation to formally authorize the investigation. Once authorized, a Bureau of Health Services investigator will conduct interviews and collect evidence needed to determine whether the alleged violations can be established. The investigator generally interviews the person filing the allegation, the licensee, and other persons (such as co-workers or employees) who may be able to shed light on the allegations. Patient records, employment file documentation, and other records helpful in determining whether a violation has occurred, will be requested or subpoenaed at this time as well.

Upon completion of the investigation, it is determined whether the alleged violations can be established. If they cannot, the matter is closed. If they can, the case is forwarded for the drafting of an administrative complaint. If it is still unclear whether the alleged conduct constitutes a violation, alternatives are considered. An expert opinion may be obtained to help establish what is acceptable practice. Ordering an evaluation is another alternative for cases involving possible chemical dependency or mental or physical impairment. In those cases, an expert is retained to evaluate the licensee and determine his/her ability to practice safely and skillfully. The expert's opinion will assist Health Services in making a final determination as to whether a violation has been established.

### **Administrative Complaint**

An Administrative Complaint is the formal document, which alleges violations of the Code or administrative rules and is served on the licensee. Most administrative complaints are drafted by trained Complaint Section analysts, but some originate in the Health Professionals Division of the Department of Attorney General. We focus on those handled by the Complaint Section, although the process remains largely the same regardless of who drafts the administrative complaint.

Based upon the evidence, the analyst determines which provisions of the Code or rules have been violated and drafts the Administrative Complaint. Certain types of violations call for emergency measures - the summary suspension of a license - to protect public safety. The Code requires the Department to summarily suspend a license if the licensee is convicted of a felony, a two-year misdemeanor, or a misdemeanor involving



controlled substances. These are referred to as mandatory summary suspensions. The law gives the Department discretion to issue permissive summary suspensions to summarily suspend a license if the public health, safety, or welfare are at risk. Permissive summary suspensions are issued only after consultation with the appropriate licensing board's chairperson.

The Administrative Complaint is then signed by the Director of the Bureau of Health Services and served on the licensee or registrant by first class and certified mail to the licensee's/registrant's address of record. In the case of summary suspensions, attempts are made to personally serve the documents on the licensee by a process server who is under contract with the Department.

The Code requires that the licensee/registrant respond in writing to the complaint within 30 days of the date it is received. The Bureau of Health Services provides a response period of 33 days from the date the complaint was mailed, which allows 3 days for the individual to receive the Complaint. If no written response is received within 33 days, the law provides that the allegations in the administrative complaint are to be treated as true and the matter is forwarded to the licensing board's disciplinary subcommittee (DSC) for imposition of sanction(s). If a written response is received within the statutory time, a settlement process begins.

### **Compliance Conference**

A compliance conference is an opportunity for the licensee/registrant to meet with Health Services' staff to attempt to settle the case prior to an administrative hearing. The process is similar to a plea bargain agreement in criminal matters. Compliance conferences are automatically scheduled for all cases except for summary suspensions. If a summary suspension is ordered in a case, the next step is a formal administrative hearing, though settlement negotiations may occur informally prior to the hearing.

In order to reach a settlement, Health Services' staff rely upon the assistance of licensing board members who are not on the DSC. Staff contact the board member, share information from the file, and request a recommendation for appropriate sanction(s). A consent agreement is drafted for presentation to the licensee/registrant prior to, or at, the compliance conference. This agreement is a proposed settlement in which the licensee/registrant and Health Services agree upon sanction(s) for the violation(s) involved. Sanctions can range from a fine or community service to license suspension or revocation. If an agreement is reached at the compliance conference, the proposed settlement is forwarded to the DSC for approval. If a settlement is not reached at the conference, or if the DSC does not approve the proposed settlement, the matter proceeds to hearing.

### **Administrative Hearing**

An administrative hearing is like a court proceeding. An Administrative Law Judge presides over the hearing and makes

rulings on evidentiary and procedural matters during the hearing. The Department, which bears the burden of proof, is represented by an Assistant Attorney General. The licensee may be represented by an attorney. Both sides present evidence generally consisting of documentation and witness testimony. After the hearing, the administrative law judge writes a report, called a Proposal for Decision, which includes a summary of the proceeding, the findings of fact and conclusions of law. This means that the judge determines which witnesses are most credible and makes a proposed determination of whether the alleged violations were established by the State. The report is then forwarded to the DSC for action.

### **Final Order**

Each licensing board has its own DSC, which consists of five members and is chaired by a public member of the board. The DSC reviews the administrative law judge's report and other pertinent records from the case and makes its determination. If no violation has been established, the case is dismissed. If one or more violations have been established, the DSC is required to levy a sanction for each violation. The resulting document is called a Final Order. The final order is drafted by Health Services' staff, signed by the DSC's chairperson, or designee, and is served on the licensee/registrant by first class mail.

At this point, the case has reached conclusion. A licensed/registered health professional aggrieved by the final order of the DSC, may seek review through the Michigan Court of Appeals. Absent a court order staying enforcement of the DSC's final order, the Bureau of Health Services remains involved in the matter to enforce the DSC's order. Violations of Final Orders can result in additional disciplinary action.

### **Reconsideration**

The Public Health Code and administrative rules provide for the possibility of a rehearing or reconsideration. The written request for rehearing must set forth the reasons for the rehearing as well as the requested relief. This

request is to be filed with the presiding Administrative Law Judge if no Final Order has been issued. It is filed with the appropriate board, task force or DSC if the Final Order has been issued. After the written request has been received, the opposing party is given a chance to respond before the decision to grant or deny the requested rehearing.

### **Reinstatement**

The Public Health Code does not provide for the permanent loss of a license or registration. When a license or registration has been suspended for a period of more than six months or revoked (a statutory minimum of three years), the individual must petition the appropriate board or task force to have the license or registration reinstated. Under the guidelines for reinstatement, the individual must establish compliance, as applicable, with a number of criteria. These include:

- participation in community service or professional volunteer activities;
- successful completion of substance abuse treatment (if appropriate);
- completion of treatment for mental, psychological, emotional and/or physical disorders (if appropriate);
- compliance with all terms of the discipline;



# Protecting the Public

*Continued from page 3*

- successful completion of continuing education programs;
- participation in didactic or clinical training;
- submission of an assessment or evaluation of professional skills and abilities; and
- a good faith desire to be allowed to practice his or her profession in Michigan.

## **Reclassification**

A license or registration may be limited as part of the disciplinary process or as a result of the reinstatement process. The limitations could include, but are not limited to, place of practice, hours of practice, supervised practice, limited or no access to controlled substances, etc. The Public Health Code and administrative rules provide for a process where the individual can submit a written petition requesting removal of the license or registration limitation(s).

## **Avoiding Discipline**

There are some things that you, as a licensed health professional, can do to avoid the disciplinary process. The first thing is to know the law and rules governing your particular profession. Obtain a copy of the relevant excerpts of the Public Health Code and board rules from your attorney, professional association, or CIS.

The second thing you can do is ask questions when you are uncertain about the legality of a particular aspect of your practice. You may seek the expertise of an attorney or your professional association. Get your answer in writing for your files in the event any issues subsequently develop.

Finally, exercise good communication with your patients or clients. Try to resolve matters on your end before they result in an allegation filed with the Bureau of Health Services.

**For further information concerning the disciplinary process, call (517) 373-9196 or (517) 373-4972.**



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# Regulatory Process: Frequently Asked Questions

## **Q. When and how will the investigator contact me?**

**A.** The investigator may contact you at any point during the investigation. They will identify themselves, but will not discuss the reason for the visit with office staff unless that person is also being interviewed in relation to the investigation. If you are a witness, or may be able to provide information in an allegation, the investigator will attempt to contact you through your address on file with the Board, or where the incident in question took place. This initial contact can occur in person, by telephone or by mail. If you are the focus of the allegation, you will most likely be contacted at your office or the address on file with the Board.

## **Q. Will the investigator give me or my attorney a copy of the allegation prior to or during the investigation?**

**A.** At the beginning of the investigative interview, the investigator will explain the issues raised in the allegation. However, the investigator cannot give you or your attorney a copy of the written allegation. This information is only available under specific conditions set forth in the Freedom of Information Act. Also, the identity of the reporter or complainant is protected by law, unless that protection is waived in writing by that person.

## **Q. If I am the focus of the investigation, should I have an attorney present during the interview?**

**A.** As this is an administrative investigation, not a criminal matter, the presence of an attorney or another person of your choice during the investigative interview is entirely up to you. However, the attorney or other person may be present solely in an advisory capacity. The investigator will only accept statements made by you, and may not accept as germane to the investigation statements or information provided by the other person.

## **Q. Can I legally discuss a patient's records and care with the investigator?**

**A.** Section 16244 of the Michigan Public Health Code states that the physician-patient privilege does not apply in a licensing investigation or proceeding. Also, the information obtained will be held confidential by the department and will not be disclosed except as necessary to the licensing review.

## **Q. Can I be sued if I answer questions about the issues in the investigation?**

**A.** Section 16244 of the Code states that a person who furnishes information or assists in a licensing investigation is immune from civil or criminal liability if they are acting in good faith.

## **Q. How long will the process take?**

**A.** Depending upon how long it takes to schedule interviews and gather evidence, the process can take anywhere from 3 to 6 months before a decision can be made as to whether a violation of the Public Health Code can be substantiated.

## **Q. What can happen to my license as a result of this? What sanctions could I receive?**

**A.** The sanctions that can be imposed are based on what, if any, Public Health Code violations can be substantiated. Section 16226 of the Code outlines the sanctions the various Disciplinary Subcommittees can impose based on the violation(s) found.

## **Q. Will this have an effect on my licenses in other states?**

**A.** Section 16222(3) of the Public Health Code requires a licensee or registrant to report any action taken in another state to the appropriate Michigan Board. You would need to determine from the other state whether Michigan action would affect your license or registration in that state.

## **Q. Will any discipline be reported to the National Practitioners' Data Bank?**

**A.** Pursuant to Federal law, any action taken against a licensed or registered health care professional must be reported to the National Practitioner's Data Bank (NPDB) and/or the Healthcare Integrity and Protection Data Bank (HIPDB).

## **Q. Will I have any rights of appeal?**

**A.** If a Disciplinary Subcommittee (DSC) imposes a sanction with which you have issue, you may either file a Request for Reconsideration with the DSC, outlining why they should reconsider their decision, or file an appeal with the Court of Appeals pursuant to section 16237(6) of the Code.





# Project SENSOR: Reporting Work-Related Illnesses

Under the provisions of Part 56 of Public Act 368 of 1978 as amended, known or suspected work-related illnesses must be reported by hospitals, physicians, clinics, and employers to the Department of Consumer and Industry Services (CIS) within 10 days. Conditions such as heavy metal poisoning, carpal tunnel syndrome, respiratory illnesses, hearing loss, dermatitis, heat stroke, and work-related stress are all reportable under Michigan law. It is a misdemeanor, punishable by a \$50 fine for each report not submitted, or to neglect to report patients to CIS.

The Department has contracted with Michigan State University's occupational and environmental health team, under the direction of Kenneth Rosenman, M.D., to administer the occupational disease reporting and surveillance program. The federal Project SENSOR (Sentinel Event Notification System for Occupational Risk) grant provides funding for patient and

workplace follow-up on the approximately 20,000 occupational disease reports received each year.

Occupational disease reporting by health professionals is critical to document the nature and extent of work-related illnesses in Michigan. The data are used to prioritize intervention efforts and to help determine the most effective and efficient manner to reduce the burden of occupational diseases upon workers, their families, and employers.

Information about the status of occupational disease surveillance in Michigan and the Occupational Disease Reporting Form can be found on the MSU web site: <http://www.chm.msu.edu/oem>. To report a known or suspected occupational disease you may call the toll-free number 1-800-446-7805, fax to (517) 432-3606 or e-mail to [ROSENMAN@MSU.EDU](mailto:ROSENMAN@MSU.EDU).



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## Melanie Brim Selected as New Licensing Director



The Bureau of Health Services welcomes Melanie Brim as the new Director of Licensing. Brim brings an exceptional administrative background in health care issues to her new position. Prior to joining the Bureau of Health Services, Brim served in various health care administrative positions in both the public and private sector.

Brim holds a Master's degree in Health Administration and a B.S. degree in Medical Record Administration and is currently working on her doctorate in Management.

## Have You Moved?

Licensees/registrants are required to report all name and address changes within 30 days of their occurrence. Remember to provide this information in writing and be sure to include your profession and license number. Address your communication to the Department of Consumer and Industry Services, Bureau of Health Services, P.O. Box 30670, Lansing, MI 48909. If you want a new license to be issued with the new name or address, you may obtain a form by calling (517) 335-0918. Since this is an automated system, at the first prompt: press 1; at the second prompt: press 2; at the third prompt: press 1. Please leave your request on the voice mail system to receive the appropriate form.

## Contacting BHSER

**By Mail:** Bureau of Health Services  
P.O. Box 30670  
Lansing, MI 48909-8170

**By Phone:** (517) 335-0918  
(900) 555-8374 (License Verification)

**Web site:** [www.cis.state.mi.us/bhser](http://www.cis.state.mi.us/bhser)

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Director, Bureau of Health Services

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Reader's comments are invited. Please e-mail comments and suggestions to the editor at: [diana.l.popp@cis.state.mi.us](mailto:diana.l.popp@cis.state.mi.us) or write to: HealthLink Editor, BHSER, P.O. Box 30670, Lansing, MI 48909.

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## CAPITAL CORNER Legislation

Health care professionals are responsible for practicing within current laws and administrative rules governing their practice. This section of HealthLink offers a brief synopsis of recent legislation which may affect certain health care professionals. The language shown below is taken from the Public Act register which is published on the web page of the Legislative Council. Please note that the laws shown are only those administered by the Bureau of Health Services. There may be other laws affecting professional practice which are administered by other bureaus in the Department of Consumer & Industry Services (such as the Bureau of Health Systems) or by other Departments (such as the Department of Public Health).

To download the new or revised statute, go to the Legislative Council's web site at [www.michiganlegislature.org/law/advancedsearchform.asp](http://www.michiganlegislature.org/law/advancedsearchform.asp) and enter the public act (P.A.) number and year (example: P.A. 22 of 2000) on the search page. This will take you to a page which contains a very brief description of the bill and the legal citation. Double click on the legal citation to view or to download the current law.

### 2000 LEGISLATIVE SESSION (through 6/30/00)

**Occupations;** Social workers; registration and regulation; transfer from occupational code to public health code. *P.A. 11, 2000, effective 3/7/00.*

*Editor's Note:* This legislation prompted an organizational transfer of the Board of Social Work within the Department of Consumer & Industry Services from the Bureau of Commercial Services to the Bureau of Health Services.

**Health;** Other; disposition of abandoned animals; clarify. *P.A. 22 of 2000; effective 3/13/00.*

**Occupations;** Dental hygienists; Michigan board of dentistry; add 1 additional dentist, 2 additional dental hygienists, and 1 additional public member to the board. *P.A. 160 of 2000; effective 6/14/00.*

**Occupations;** nurses; procedure for issuance of temporary license to nurses licensed in Canada; provide for. *P.A. 256 of 2000; effective 6/29/00.*

### 1999 LEGISLATIVE SESSION

**Controlled substances;** Schedules; ketamine; schedule as a schedule 3 controlled substance. *P.A. 41 of 1999, effective 8/15/99.*

**Health;** Anatomical gifts; harvesting of human organs by an individual who is not a licensed physician, an individual acting under the delegatory authority of a licensed physician, or other legally authorized individual; specifically prohibit and prescribe penalties. *P.A. 60 of 1999, effective 9/1/99.*

**Health;** Anatomical gifts; harvesting of human organs at hospitals, mortuaries, morgues, and other approved facilities; specifically require and prescribe penalties. *P.A. 61 of 1999, effective 9/1/99.*

**Crimes;** Crimes against minors; infant protection act; enact. *P.A. 107 of 1999, effective 3/10/00.*

**Controlled Substances;** Schedules; designation of ephedrine as schedule 5 controlled substance; provide for, and create exemptions from scheduling. *P.A. 144 of 1999, effective 1/21/00.*

**Crimes;** Other; false representation of being a state licensed or registered health professional; make a separate crime under the penal code and increase penalty. *P.A. 167 of 1999, effective 3/10/00.*

**Criminal procedure;** Sentencing guidelines; felony of impersonating a health care professional; add to sentencing guideline. *P.A. 168 of 1999, effective 3/10/00.*



## Consolidation of health care professions in the Bureau of Health Services

As a result of legislation and continued administrative consolidation, the Bureau of Health Services welcomes more than 91,000 licensed or registered health care professionals to the ranks of other health care professionals who are licensed and regulated by the Bureau.

Recent legislation moved more than 25,600 social workers and social work technicians from the Occupational Code to the Public Health Code. These social workers join nearly 250,000 health care professionals in 22 different occupations who are licensed and regulated by 16 boards under Article 15 of the Public Health Code.

In addition, organizational changes in the Department of Consumer & Industry Services changed the licensing and regulation of 30,600 emergency medical services personnel (First Responders, Emergency Medical Technicians, and Paramedics) and the regulation of nearly 35,400 federally-registered active nurse aides from the Bureau of Health Systems to the Bureau of Health Services.

The staff at the Bureau of Health Services is integrating and streamlining administrative processes for the newly-added professions. In addition, the bureau's web site will soon be updated to include additional information for these professions.



# Administrative Rule Changes

*Continued from page 1*

## **Board of Dentistry: Delegated Authority**

Delegated authority was also the subject of some recent amendments to the administrative rules governing dentistry. The new rules clarify that dentists may not delegate the administration of local anesthesia, nitrous oxide analgesia, or acupuncture. Other rule amendments included the addition of intra-oral procedures that can be delegated to registered dental assistants under the direct supervision of the dentists. These procedures include polishing specific teeth with a slow-speed rotary hand piece, placement of sealants or resin-bonded orthodontic appliances and direct restorations. The placement and removal of rubber dam may now be delegated to a Registered Dental Hygienist under the assignment of a dentist.

## **Board of Pharmacy: Prescription rule revised**

The Board of Pharmacy reconsidered a previous rule which allowed prescribers to place no more than two prescription drug orders on the same prescription form. Following prescriber complaints, the Board revised the Rule 338.479b, effective April 13, 2000, to require:

- Not more than four prescription drug orders on a handwritten form
- Not more than six prescription drug orders on a computer-generated or pre-printed form
- Handwritten drugs shall not be added to a preprinted form and shall clearly designate which drugs are to be dispensed

In addition, prescribers may not mix controlled and non-controlled substance prescriptions on the same form and are to clearly indicate the total number of drugs prescribed on each prescription. A **HealthAlert** was sent to all prescribers and to all pharmacists notifying them of this change.

## **Board of Nursing: Nurse Scholarships**

The Nurse Scholarship Fund was established to advance the technical skill levels of nurses. Under the new rules, the Department of Consumer & Industry Services will annually disburse a designated number of awards to Michigan nursing education programs that meet predetermined criteria. This criteria is established as a result of information collected for nurse renewal surveys. The rules establish the requirements and procedures to be used in awarding scholarships and authorize an award not to exceed \$5,000 for each eligible student. A portion of the annual nursing renewal fees is directed to the Fund.

## **Board of Chiropractic: Changes in Licensing Requirements**

Amendments to the Board of Chiropractic administrative rules were filed on April 18, 2000 and became effective May 4, 2000.

The amendments revised the requirements for licensure by examination and endorsement. The new rules also updated the renewal, relicensure, and continuing education requirements.

## **Board of Physical Therapy: Temporary Licenses Eliminated**

The national examination for physical therapy is now computerized and results are available on a daily basis. The Board eliminated the temporary license for physical therapists since necessity was no longer an issue.

## **Board of Marriage and Family Therapy: National Exam Required**

The Board established successful completion of a national examination as part of the licensing requirements for marriage and family therapists. Other minor changes to the rules, required as a result of recent changes in legislation resulting from the move of the profession from the Occupational Code to the Public Health Code, were also implemented.

## **How to Obtain Administrative Rules**

**Telephone Requests:** A copy of board rules may be obtained by calling (517) 335-0918. This is an automated voice messaging system. Press **2** at the first prompt, **1** at the second, and **1** at the third prompt. At the end of the announcement, you will be asked to leave an automated message containing your name and mailing address and the specific board rules requested. Remember to designate the name of the board rules you are requesting.

**Web Site:** You may obtain a complete text of the rules through the Internet using the following BHS Web address:

[www.cis.state.mi.us/bhser/home.htm](http://www.cis.state.mi.us/bhser/home.htm)

Click on "Administrative Rules." This Web site is maintained by the Office of Regulatory Reform and contains the administrative rules for the Department of Consumer & Industry Services. Scroll to the profession and click on "General Rules."



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## **Health Professional Recovery Program**



*"I felt immediate relief because at that moment I knew someone was going to help me."*

--Michigan Registered Nurse

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## A Look at Regulatory Boards at BHSer

*Each issue of HealthLink will highlight a few BHSer licensing boards. This issue features two:*

### Board of Psychology

The Michigan Board of Psychology was established in 1959 to regulate the licensing and practice of psychology. The board also takes disciplinary action against licensees who have violated the Public Health Code.

The practice of psychology, as defined in the Public Health Code, is to render to individuals, groups, organizations, or the public of services involving the application of principles, methods, and procedures of understanding, predicting, and influencing behavior for the purposes of the diagnosis, assessment related to diagnosis, prevention, amelioration, or treatment of mental or

emotional disorders, disabilities or behavioral adjustment problems by means of psychotherapy, counseling, behavior modification, hypnosis, biofeedback techniques, psychological tests, or other verbal or behavioral means. The practice of psychology does not include the practice of medicine such as prescribing drugs, performing surgery, or administering electroconvulsive therapy.

The Board of Psychology consists of 9 voting members: 5 psychologists and 4 public members which regulate 6,069 licensed psychologists.

#### Professional Members:

Patricia Watson, Ph.D. - Chair  
Jack Haynes, Ph.D. - Vice Chair  
Rani Bahadur, L.L.P.  
Mary Nave, M.A.  
Karen Weiner, Ph.D.

#### Public Members:

Margaret Bacarella  
William Burton, Jr.  
Robert Fonger  
Linda Johnson

### Board of Optometry

The Michigan Board of Optometry was established in 1909 to regulate the practice of optometry. Specifically, the board provides for the licensing, regulating, and the verifying of continuing education of optometrist during licensure; as well as taking disciplinary action against those who have violated any parts of the act.

The Public Health Code defines optometry as meaning one or more of the following, but does not include the performance of invasive procedures: (1) the examination of the human eye to ascertain the presence of defects or abnormal conditions which may be corrected, remedied, or relieved, or the effects of which may be corrected, remedied, or relieved by the use of lenses, prisms, or other mechanical devices. (2) The employment of objective or subjective physical means to determine the accommodative or refractive conditions or the range of powers of vision or muscular

equilibrium of the human eye. (3) The adaptation or the adjustment of the lenses or prisms or the use of therapeutic pharmaceutical agents to correct, remedy, or relieve a defect or abnormal condition or to correct, remedy, or relieve the effect of a defect or abnormal condition of the human eye. (4) The examination of the human eye for contact lenses and the fitting or insertion of contact lenses to the human eye. (5) The employment of objective or subjective means, including diagnostic pharmaceutical agents by an optometrist who meets the requirements of the act for the examination of the human eye for the purpose of ascertaining a departure from the normal, measuring of powers of vision, and adapting lenses for the aid thereof.

The Board of Optometry consists of 9 voting members: 5 Optometrists and 4 public members who regulate nearly 1,495 optometrists.

#### Professional Members:

Theodore B. Walton, O.D. - Chair  
Bradley E. Habermehl, O.D.  
Robert L. Klein, O.D.  
Roger Steeyle, O.D.  
Joyce Takahashi, O.D.

#### Public Members:

Gary Ayres  
Jerry Gregoricka  
Albert Taylor Nelson, Jr.  
Nancy P. Stecker - Vice Chair

